

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALDEN DES PLAINES REHAB & HC

**1221 EAST GOLF ROAD
DES PLAINES, IL 60016**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210 a) 300.1210b) 300.1210d) 6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/11/16

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NAME OF PROVIDER OR SUPPLIER ALDEN DES PLAINES REHAB & HC		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 EAST GOLF ROAD DES PLAINES, IL 60016		
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S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidence by:</p> <p>Based upon record review and interview the facility failed to ensure that fall prevention interventions were functioning for one of four residents (R1) reviewed for falls, in the sample of 9. On 3/12/15, R1 sustained (right) eyebrow and forehead lacerations requiring sutures.</p> <p>Findings include:</p> <p>R1's fall risk assessment conducted 3/12/15 denotes a score of 21 (High Risk). Occurrence report (3/12/15) denotes that R1 was observed on the floor at 10:15am. A laceration was noted to R1's right forehead with moderate bleeding. R1 was subsequently transferred to the hospital for evaluation. The follow-up investigation affirms that R1 returned from the hospital with sutures to the right eyebrow and forehead. R1's fall details report (3/12/15) includes the following; Preventive measures at time of fall: Alarm not sounding.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Recommendation: Continue to use bed sensor and body personal alarm to monitor rising.</p> <p>R1's fall risk care plan interventions include but not limited to; (3/12/15) Continue to use personal or pressure sensor alarms when in chair or bed to monitor rising.</p> <p>On 12/21/15 at 1:34pm, E3 (Registered Nurse) stated that on 3/12/15 "I was called by the CNA (Certified Nursing Assistant), he told me the patient was sitting on the floor. He (R1) was sitting right next to the bed. He did not use the call light." Surveyor inquired if a bed alarm was in place, E3 responded "Yes. He was next to the bed it wasn't alarming."</p> <p>On 12/21/15 at 1:39pm, surveyor inquired how one would check that the bed alarms are working E4 (CNA) responded "I'm check the alarms when we go to the rooms on each patient." E4 indicated that on 3/12/15 he made rounds before R1 fell and changed his diaper. R1 was later observed sitting on the floor near the bed. Surveyor inquired if R1 had a bed alarm in place on the date of occurrence, E4 responded "I'm not remember for sure."</p> <p>On 12/21/15 at 1:57pm, E1 (Administrator) stated "We don't have a policy for alarms."</p> <p>On 12/21/15 at 2:06pm, E2 (Director of Nursing) stated "We have a policy for fall risk assessment and the falling star program. The alarm itself, we don't have it."</p> <p>On 12/21/15 at 2:17pm, 306B's bed alarm was checked for potential malfunction. E2 set the alarm off and stated "I need help. This is new." E2 was unable to silence the alarm, staff</p>	S9999		

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STATE FORM

6899

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If continuation sheet 3 of 4

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S9999	Continued From page 3 assistance was required. The prevention of falls policy and procedure (06/13) includes but not limited to; Policy: The facility will assess hazards and risks, develop plan of care to address hazards and risks, implement appropriate resident interventions, and revise the residents plan of care in order to minimize the risks for fall incidents and/or injuries to the resident. Procedure: Assess and monitor resident's immediate environment to ensure appropriate management of potential hazards. (B)	S9999		